

Acute Measure Workgroup "Yes" Measures by Proposed Units of Analysis - October 2, 2014											
Measure Information							Unit of Analysis				
#	Measure Name	NQF Number	Steward	Category	Data Source	Description	Statewide	County or ACH	Health Plan	Medical Group	Hospital
14	Appropriate Testing for Children with Pharyngitis (CWP)	0002	NCQA	Pediatric	Claims	Percentage of children ages 2 to 18 that were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus test for the episode	x	x	x	x	
20	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	0058	NCQA	Avoidance of Overuse	Claims	The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.	x	x	x	x	
H-28	HCAHPS - Cleanliness and Quietness of Hospital Environment <b>- Communication about Medicines</b> - Communication with Doctors - Communication with Nurses <b>- Discharge Information</b> - Pain Management - Overall Rating of Hospital  - Responsiveness of Hospital Staff - Willingness to Recommend	0166	CMS	Patient Experience	Survey	27-items survey instrument with 7 domain-level composites: Two composites were chosen by the workgroup, communication about medications and discharge information					x

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H-41	MORT-30-AMI: Heart Attack Mortality	0230	CMS	Cardiac: Mortality	Claims	The measure estimates a hospital 30-day risk-standardized mortality rate (RSMR), defined as death for any cause within 30 days after the date of admission of the index admission, for patients 18 and older discharged from the hospital with a principal diagnosis of acute myocardial infarction (AMI). CMS annually reports the measure for patients who are 65 years or older and are either enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals or are hospitalized in Veterans Health Administration (VA) facilities.	x				x
49	Follow-Up After Hospitalization for Mental Illness (FUH)	0576	NCQA	Behavioral Health	Claims	Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an OP visit, an intensive OP encounter, or partial hospitalization with a mental health practitioner. Two rates are reported: 1) the percentage of members who received follow-up within 30 days of discharge, 2) the percent of members who received follow-up within 7 days of discharge	x	x	x		

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94	Plan All-Cause Readmission (PCR)	1768	NCQA	Hospital Readmissions/ Care Transitions	Claims	For patients 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories: 1. Count of Index Hospital Stays* (denominator) 2. Count of 30-Day Readmissions (numerator) 3. Average Adjusted Probability of Readmission		x		x	x
247	Percent of Patients with Five or More Visits to the Emergency Room without a Care Guideline	NA	NA	Potentially Avoidable Care	WHSA	Percent of Patients with Five or More Visits to the Emergency Room without a Care Guideline					x
248	Falls with Injury Per Patient Day (adult acute care and rehabilitation only)	0202	American Nurses Association	Patient Safety	WHSA	Falls with Injury Per Patient Day (adult acute care and rehabilitation only)					x
H-69	Potentially Avoidable ED visits	NA	CMS	Potentially Avoidable Care	Claims	Avoidable emergency visits	x	x		x	x

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H-20	HAI-2: CAUTI: Cather-Associated Urinary Tract Infection	0138	CDC	Patient Safety	WHSa	Standardized Infection Ratio (SIR) of healthcare-associated, catheter-associated urinary tract infections (CAUTI) will be calculated among patients in the following patient care locations: <ul style="list-style-type: none"> <li>• Intensive Care Units (ICUs) (excluding patients in neonatal ICUs [NICUs: Level II/III and Level III nurseries])</li> <li>• Specialty Care Areas (SCAs) - adult and pediatric: long term acute care, bone marrow transplant, acute dialysis, hematology/oncology, and solid organ transplant locations</li> <li>• other inpatient locations (excluding Level I and Level II nurseries).</li> </ul> Data from these locations are reported from acute care general hospitals (including specialty	x				x
H-99	STK-4: Thrombolytic Therapy	437	The Joint Com	Stroke	Clinical Data	This measure captures the proportion of acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well for whom IV t-PA was initiated at this hospital within 3 hours of time last known well. This measure is a part of a set of eight nationally implemented measures that address stroke care that are used in The Joint Commission's hospital accreditation and Disease-Specific Care certification programs.	x				x

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H-63	PC-02: Cesarean Section - NTSV C-Section [Nulliparous (first baby), Term (>37 weeks), Singleton (one baby), and (head down)]	0471	The Joint Com	Obstetrics	Claims and Clinical Data	This measure assesses the number of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section. This measure is a part of a set of five nationally implemented measures that address perinatal care.	x				x
H-61	OP-8: Outpatient MRI without Treatment: Outpatients with low back pain who had an MRI without trying recommended treatments first, such as physical therapy	0514	CMS	Avoidance of Overuse	Claims	This measure calculates the percentage of MRI of the Lumbar Spine studies with a diagnosis of low back pain on the imaging claim and for which the patient did not have prior claims-based evidence of antecedent conservative therapy. Antecedent conservative therapy may include (see subsequent details for codes): 1)Claim(s) for physical therapy in the 60 days preceding the Lumbar Spine MRI 2)Claim(s) for chiropractic evaluation and manipulative treatment in the 60 days preceding the Lumbar Spine MRI 3)Claim(s) for evaluation and management in the period >28 days and <60 days preceding the Lumbar Spine MRI.	x				x

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H-75	PSI-90: Complications/Patient Safety for Selected Indicators (Composite)	0531	AHRQ	Patient Safety	Claims	<p>A composite measure of potentially preventable adverse events for selected indicators</p> <p>The weighted average of the observed-to-expected ratios for the following component indicators:</p> <ul style="list-style-type: none"> <li>• PSI #3 Pressure Ulcer Rate</li> <li>• PSI #6 Iatrogenic Pneumothorax Rate</li> <li>• PSI #7 Central Venous Catheter-Related Blood Stream Infection Rate</li> <li>• PSI #8 Postoperative Hip Fracture Rate</li> <li>• PSI #9 Perioperative Hemorrhage or Hematoma Rate</li> <li>• PSI #10 Postoperative Physiologic and Metabolic Derangement Rate</li> <li>• PSI #11 Postoperative Respiratory Failure Rate</li> </ul>	x				x